	• 492
ARIZONA STATE BOARD OF HEALTH	
1. PLACE OF BIRTH BUREAU OF V	State File No.
STANDARD CER	TIRICATE OF RIPTH
County Lila	State Mijona
District or Township gr Village	
City Miami No F- 45 Dans Carryon St., Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child addie Ineg Gardner Supplemental report, as directed.	
3. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or other. 6. Legitimate? 7. Date of birth Sept. 10 1935 Month Day Year	
8. FATHER	1 14. MOTHER
Full name Edgar Gardner	Full maiden name Partha Glass
9. Residence (Usual place of abode) Miani Aryon	15. Residence (Usual place of abode) Mann, Angone
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or race
Mergo 11. Age at last birthday (Years)	Megreso 17. Age at last birthday 32 (Years)
	Re-t'
12. Birthplace (city or place)	18. Birthplace (city or place) Mustin
	(State or country)
13. Occupation Miner	19. Occupation Nature of Industry
Nature of Industry Copper	
20. Number of children of this mother	ve and now living 21. Were precautions taken against oph- thalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 20 m. on the date above stated.	
(Born alive 67 Millbern)	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	
shows other evidence of life after birth.	(Physician of midwife.)
a supplement report	main Union
Filedolph 20, 30 (o Co. Jon	
Registrar.	Registrar.

179-910-272

Registrar.